

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/01/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 11/18/2011	
NAME OF PROVIDER OR SUPPLIER TANGRAM INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{W 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a post certification revisit (PCR) to the investigation of Complaint #IN00091975 completed on 7/15/11.</p> <p>This PCR was done in conjunction with the annual fundamental recertification and state licensure survey.</p> <p>Complaint #IN00091975: Corrected.</p> <p>Dates of Survey: November 14, 15, 16, 17 and 18, 2011.</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>Facility Number: 000846 AIM Number: 100243990 Provider Number: 15G328</p> <p>Tangram, Inc. was found to be in compliance with 42 CFR, part 483, subpart I and with 460 IAC 9 regarding the post certification revisit for complaint #IN00091975.</p> <p>Quality Review completed 11/30/11 by Ruth Shackelford, Medical Surveyor III.</p>			{W 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.